

P9600069002

August 12, 1996

Anthony M. Guido
6600 N.W. 12 Avenue
Suite 217
Ft. Lauderdale, FL 33309

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Affiliated Healthcare Providers, Inc.

To Whom it May Concern:

Enclosed please find the requested paperwork for corporation status filing, and our check number 9279 in the amount of 122.50. We await your earliest reply.

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***122.50 ***122.50

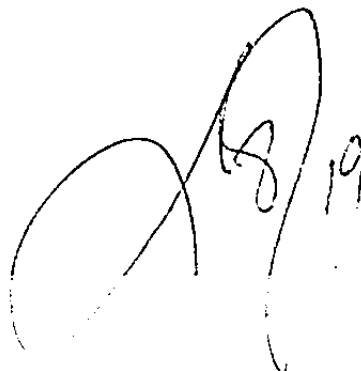
Respectfully,



Anthony M. Guido

enclosures

FILED
96 AUG 16 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Articles of Incorporation
of
AFFILIATED HEALTHCARE PROVIDERS, INC.

ARTICLE I

We Hereby associate to form a stock Corporation under the provisions of Chapter 607 of the Florida Statutes. The Name of the Corporation shall be Archive Assurance Services Inc.

The purpose or purposes for which the Corporation is organized are: to manufacture, purchase or otherwise acquire, own, mortgage, pledge, sell, import, export assign and transfer, or otherwise dispose of, to invest, trade, deal in and deal with goods, wares, services and merchandise and real and personal property of every class and description.

The foregoing purposes and activities will be interpreted as examples only, and not as limitations, and nothing therein shall be deemed as prohibiting the Corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the Corporate objectives expressed above.

ARTICLE II

The address of the principal office of the Corporation is 6600 N.W. 12th Avenue in the City of Fort Lauderdale, Florida 33309. Located within the County of Broward.

ARTICLE III

The aggregate number of shares of stock which the Corporation will have the authority to issue and the par value per share are as follows:

CLASS AND SERIES	NUMBER OF SHARES	PAR VALUE PER SHARE OR NO PAR VALUE
Common	1,000	\$ 1.00 Per Share

ARTICLE IV

Pursuant to sections 607.0501 of the Florida Statutes, the street address of the Corporations registered office will be 6600 N.W 12th Avenue, Suite 217 Fort Lauderdale, Florida, 33309.

Pursuant to sections 607.0505 the name of the Corporation's registered agent will be Luis R.Sologuren, Jr.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V

The number of directors constituting the initial board of directors is three. The names and addresses of the persons who are the initial incorporators, and who are to serve as the initial directors are:

Contained within the Bylaws of the Corporation shall be the following statements regarding indemnity:

"Every director, officer, or employee of the corporation shall be indemnified by the Corporation against all expenses and liabilities including counsel fees, reasonably incurred by or imposed upon him in connection with any proceeding to which he may be made a party, or in which he may become involved, by reason of his being or having been a director, officer, employee or agent of the corporation or is or was serving at the request of the corporation as a director, officer, employee or agent of the corporation, partnership, joint venture, trust or enterprise, or any settlement thereof, whether or not he is a director, officer, employee or agent at the time such expenses are incurred, except in such cases herein the director, officer, or employee adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided that in the event of a settlement the indemnification herein shall apply only when the board of directors approves such settlement and reimbursement as being in the best interests of the Corporation".

Raul R. Rodriguez
8325 N.W. 158th Terrace
Miami Lakes, FL 33016

Dated 8-9-96

Jay Gutierrez
5407 N.E 31st Avenue
Fort Lauderdale, FL 33308

Dated 8-9-96

Luis R. Sologuren
5820 N.E 20th Terrace
Fort Lauderdale, FL 33308

Dated 8/9/96

** Incorporators **

August 7, 1996

Luis R. Sologuren, Jr.
6600 N.W. 12th Avenue
Suite 217
Fort Lauderdale, FL 33309

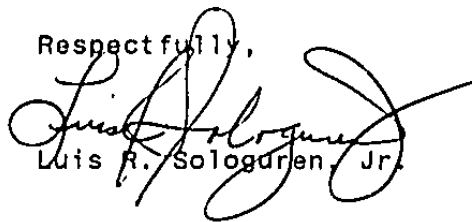
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Affiliated Healthcare Providers, Inc.

To Whom it May Concern:

I Luis R. Sologuren, Jr. agree to act as the Registered Agent for the above named corporation. I further attest that I understand the duties and responsibilities of a Registered Agent pursuant to the section 607. of the Florida Statutes. My mailing address is 6600 N.W 12th Avenue, Fort Lauderdale, Florida. 33309

Respectfully,


Luis R. Sologuren, Jr.

FILED
96 AUG 16 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA6000069002

AFFILIATED HEALTHCARE PROVIDERS, INC.
14 SUNSHINE BLVD
ORMOND BEACH, FL 32174

September 23, 1997

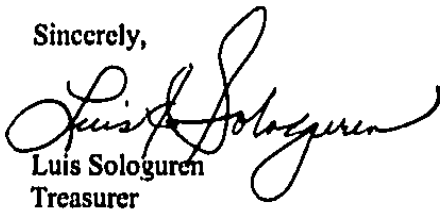
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Sir:

Please change the address for Affiliated Healthcare Providers, Inc., Federal ID #65-0695952 for the Corporate Annual Report to the following:

14 Sunshine Blvd.
Ormond Beach FL 32174

Sincerely,


Luis Sologuren
Treasurer

KS⁹/30